

## Board of Directors - Public

### SUMMARY

Meeting Date: 22 September 2021

Agenda Item: 06

<b>Report Title:</b>	Chief Executive Briefing		
<b>Author(s):</b>	Jan Ditheridge, Chief Executive		
<b>Accountable Director:</b>	Jan Ditheridge, Chief Executive		
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	-	
	<b>Date:</b>	-	
<b>Key Points recommendations to or previously agreed at:</b>	-		

#### Recommendation for the Board/Committee to consider:

<b>Consider for Action</b>	<b>X</b>	<b>Approval</b>		<b>Assurance</b>	<b>X</b>	<b>Information</b>	<b>X</b>
<p>For the Board to consider issues in relation to our strategic priorities and Board Assurance Framework risks.</p> <p>The Board are asked to formally receive the CQC Inspection Report (Published 19 August 2021).</p>							

#### Please identify which strategic priorities will be impacted by this report:

Covid-19 Recovering Effectively	<b>Yes</b>	<b>X</b>	<b>No</b>	
CQC Getting Back to Good	<b>Yes</b>	<b>X</b>	<b>No</b>	
Transformation – Changing things that will make a difference	<b>Yes</b>	<b>X</b>	<b>No</b>	
Partnerships – working together to make a bigger impact	<b>Yes</b>	<b>X</b>	<b>No</b>	

#### Is this report relevant to compliance with any key standards?

#### State specific standard

Care Quality Commission	<b>Yes</b>	<b>X</b>	<b>No</b>	
IG Governance Toolkit	<b>Yes</b>	<b>X</b>	<b>No</b>	

<b>Title</b>	<b>Chief Executive Briefing</b>
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## **Purpose**

The purpose of this report is to inform the Board of current national, regional and local policy and issues that require consideration in relation to our strategic priorities and Board Assurance Framework risks, and to stimulate Board strategic discussion.

## **1. National Publications**

### **1.1 National Autism Strategy 2021/26**

Published in July 2021 this strategy aims to speed up diagnosis and improve support and care for people with autism.

The key aims of the strategy are to:-

- Improve the understanding and acceptance of autism within society
- Tackle health and care inequalities
- Build the right community support
- Support people who require Inpatient care
- To strengthen access to education and into employment
- Improve positive transitions into adulthood
- Improve support within the criminal justice system

£78m has been allocated to support the first year of the strategy implementation.

The strategy has a supporting implementation plan which sets out the expectations from a number of sectors including the NHS and local government.

There will be an executive leadership group at Department of Health & Social Care level reporting directly to the Minister of State for Children & Families and the Minister of State for Care, with a number of working groups underneath to oversee the delivery of specific actions.

The importance of this strategy will not have escaped the Board, especially in light of some of the learning emerging from our Inpatient Unit at Firshill Rise.

Dr. Mike Hunter, our Medical Director, will oversee the integration of this strategy into our own clinical and social care strategy.

Beverley Murphy and Mike Hunter will ensure that it is also considered in our planning for the future of our Learning Disability Services and provision of inpatient services, and most importantly improve the experience and offer to people with Autism wherever they touch our services.

This strategy will come back to Board for further consideration via our Transformation Board.

### **1.2 Department of Health & Social Care Response to the Care Quality Commission's Thematic Review on the Use of Restraint, Seclusion and Segregation**

The DHSC has accepted in full, or in principle, all the CQC recommendations.

The full review published last year can be found here [CQC Out of Sight - Who Cares: Restraint Segregation and Seclusion Review Oct 2020](#)



The key responses include:-

- The Minister of State for Care will provide the single point of ministerial ownership for these recommendations
- DHSC are considering ways to develop stronger oversight arrangements and enhance commissioning accountabilities
- CQC are working with the CQC to amend legislation (the Health & Social Care Act 2008 Regulated Activities) regulations to improve reporting and transparency around the use of restrictive practice, including segregation
- Providers have been appointed to develop, deliver and evaluate the trials of mandatory training on learning disability and autism for healthcare staff.
- There is a commitment to ensure the “right workforce“ is in place.
- There was a commitment to mandate commissioners to ensure that there is an adequate supply of community services and that dynamic risk registers are used as set out in the Reforming the Mental Health Act white paper.

Another important set of documents for our Board to be sighted on and ensure that they are integrated into our strategy and practice. Reducing restraint and seclusion are a key element of our Improvement Programme (Getting Back to Good) and featured significantly in the findings of the CQC report at Firshill Rise, and subsequent action plans.

The Board will know that progress has been made in relation to restraint and seclusion practice with more to do.

Salli Midgley, our Director of Quality, and Lorena Cain, our Restrictive Practice Lead, (who has attended a Board session) are developing local approaches to this policy and guidance to ensure we are implementing evidence-based improvements. This is being driven and monitored via our Quality Assurance Committee.

The DHSC response can be found [DHSC Response to CQC Review on the Use of Restraint etc July 2021](#)

### **1.3 Mental Health Access Standards**

NHS England have published its proposals to introduce five new waiting time standards for community and liaison mental health services to add to the existing standards that relate to Improving Access to Psychological Therapies (IAPT), Early Intervention in Psychosis, and Children & Young People Eating Disorders Services.

This is in response to providers, stakeholders and public concerns that oversight of mental health core services does not have equity with Acute physical health services and therefore there are risks of inequity of standards and service.

The proposals centre on:-

1. Patients of all ages to be seen within 24 hours of a referral for an urgent referral to community based mental health crisis services
2. Patients of all ages to be seen within 4 hours for a very urgent referral to a community based mental health crisis service
3. Patients to be seen within one hour of referral from Accident and Emergency by mental health liaison or children and young people's equivalent

4. Children and young people and their families / carers to start to receive care from community-based services within four weeks from referral
5. Adults and older adults should start to receive care from community based mental health services within four weeks from referral

There will be more opportunity to discuss the standards. The Board are asked to consider the implications opportunities and risks with the proposed standards.

#### **1.4 Reaching the Tipping Point**

The Mental Health Network published this document on 25 August 2021.

While SHSC does not have many services that work specifically with children and young people, the Board may be interested in the findings.

Dr Mike Hunter will ensure this is reviewed for relevance and learning for our strategy and services.

The full report can be found [MHN - Reaching the Tipping Point August 2021](#)

#### **1.5 Guidance on Integrated Care Systems (ICSs), Place Based Partnerships and Provider Collaboratives**

NHS England and Improvement (NHSE/I) has created a set of resources to help systems prepare to establish statutory ICS arrangements from April 2022. This includes guidance on provider collaboratives (Alliance in our system) - *Working Together at Scale* and Place based partnerships – *Thriving Places*.

The ICS implementation guidance includes documents on partnerships in the voluntary sector, community, and social enterprise sectors, effective clinical and professional leadership and working with people and communities.

The Provider Collaborative guidance -*Working Together at Scale* sets out NHE/Is expectations for how Providers should work together, including the potential benefits, enablers, and governance arrangements.

The guidance is being used to support the evolving design and development of our System, Place and Alliance (Collaborative) arrangements.

The guidance for all three can be found here [NHSE Integrated Care Systems Guidance](#)

## **2. Local Issues**

### **2.1 Care Quality Commission Inspection Report (Published 19 August 2021)**

The CQC have now published the report following their review of our Core Services - Acute Inpatients for Adults and Older Adults, Psychiatric Intensive Care, Mental Health Liaison and Crisis & Health Based Place of Safety.

They also inspected the Well Led question for our Trust overall.

All these areas were reviewed because they were rated Inadequate at their last inspections in 2019/20.

The CQC rated two services, Older Adults and Mental Health Crisis Services & Health Based Place of Safety as Requires Improvement, a step change from Inadequate.

Acute wards for working age adults and our Psychiatric Intensive Care Unit remain rated Inadequate as we could not demonstrate enough improvement since they last visited, this relates mainly to our estate and physical environments and how we are managing these risks.

The Well Led question was rated as Requires Improvement, a step change from Inadequate

The Learning Disability Inpatient Unit inspection report published in July was also reflected in this publication.

The overall rating of the Trust has moved for Inadequate to Requires Improvement.

This report has already been the focus of much discussion at Board and through the organisation and our plans will be discussed in more detail through the Back to Good and Quality Reports.

The Board are asked to formally receive the CQC Inspection Report.

## **2.2 Firshill Rise Learning Events**

Following the CQC inspection at Firshill Rise and in response to our own investigations some of which are not yet complete, a number of learning events have taken place to identify learning action and consider potential next steps in relation to the inpatient care of people with a Learning Disability in South Yorkshire.

It is important to note that immediate concerns relating to the direct care and treatment of individuals at Firshill Rise were addressed separately and monitored through our own assurance processes and with the CQC, who expected weekly reports in line with the regulatory conditions.

Committee and Board level events including a Quality Summit have been focused on organisational learning with a focus on what the inspection and our investigations tell us about our assurance arrangements, our strategy development and our culture and leadership arrangements.

Service users, their carers' and stakeholders' views were incorporated into the learning from a range of sources including interviews with the CQC, contributions to investigations, national good practice guidance and meetings with special interest groups such as Sheffield Voices.

Key learning points/actions to date include:-

- Accelerate our programme of work to involve service users and their families more effectively across the whole organisation at point of care through to strategic decision making and assurance activity
- The service was not based or monitored against current policy and good practice guidance
- Senior Leadership supervision needs strengthening especially where there is specialist knowledge and skills set
- Performance information requires further work to identify emerging hotspots within directorates especially within discreet areas
- More work required to triangulate information from a range of sources to identify potentially challenged or emerging challenged services – strengthen our quality framework.
- Improve arrangements for ensuring action plans are complete and embedded

These actions will be monitored as part of the organisation level actions within the refreshed 2021-22 Back to Good Programme. It is important to note that this learning is focussed on our internal challenges, partners are also considering their challenges, learning and contributions to long term solutions.

### **2.3 Flu and CoVid Vaccinations**

Work continues to ensure that all our staff and service users receive the protection available to do their jobs and stay well.

We have identified those who are not fully vaccinated and working with them to ensure they have every opportunity to access information about the vaccines and to the vaccines if eligible and to protect those who are unable to be vaccinated.

We have worked with our staff, staff side colleagues and partners to adhere to the statutory guidance prohibiting non vaccinated staff from working in the care home environment.

We have been working across the summer to ensure that plans are in place to vaccinate everyone against flu. This winter we saw a much-improved performance last flu season and expect to surpass that this season, given its importance in relation to CoVid. We will be expected to vaccinate 85% of our staff and this year this will include anyone who has contact with service users not just those clinically based.

We will prepare for any guidance regarding a third dose of the CoVid vaccine but will commence the flu campaign with or without this.

Caroline Parry, our Director of People, is Executive lead for this campaign, supported by Beverley Murphy, given her leadership role of all the services and as Director of Infection Prevention & Control.

### **2.4 Afghanistan Refugees**

The Board will be fully sighted on the political situation in Afghanistan resulting in the evacuation of large number of people requiring refugee status in the UK.

Sheffield is welcoming a significant number of refugees into the city and leaders are working to ensure that their immediate and ongoing health and care needs are met.

Initially we will use our emergency structures (Gold, Silver and Bronze) to work through the immediate action we need to take or plan to take in any given set of scenarios to support the psychological well-being of this group of individuals. We will work closely with partners where a multi-disciplinary approach is required.

We are also considering how as an anchor organisation we can provide employment as the refugees settle into the city and look to build new lives.

The Board will be updated on plans, progress and potential impacts this may create in any of our services.

JD/jch/Sept 2021